

# North Idaho Medical Reserve Corps

January 2008

Volume 4, Issue 1

## Plummer POD Exercise BIG Success!

November 1st was a cold and windy day in Plummer, but the activity inside the Coeur d'Alene Tribal Wellness Center was warm with excitement and the hard work it took to pull off the first ever Plummer POD (Point of Dispensing) exercise. This exercise proved that Plummer and the surrounding communities now have the plans and abilities to provide treatment or prophylaxis to their residents in a real event. An important part of this capability is having the manpower to do the work and I am proud to report that we recruited and trained 24 new MRC volunteers in the months leading up to the exercise. Medical Reserve Corps volunteers from all over North Idaho made a great showing to support the staff of the Coeur d'Alene Tribal Wellness Center while gaining more experience in working in POD settings. Here are some photos of our MRC volunteers in action:



*I would like to thank the following MRC volunteers that took time out of their schedules to join us in Plummer:  
Frieda Agte, Patricia Hutchinson, Dean Hutchinson, Terry La Liberte, Karen Marquardt, Shirley Slade,  
Nancy Woodrey, Todd Stifanick, Al Stifanick, Al Holm, Marie Groneck and Anna Marie Willard.*

*We couldn't have done it without you!*

## February MRC Call-Out Drill Will Test New MapStorm System

The call-out drill that is scheduled for February 10, 2008 will be slightly different. Panhandle Health District, in partnership with other community agencies, recently purchased a new call-out system that will allow better categorization of MRC members in the case of an actual emergency. We will be able to select which MRC members are contacted by importing lists or by selecting geographical areas. As this is now the primary means for contacting you in a real event, this is the system that will be issuing your quarterly test calls. The difference between this new system and CodeRed is minimal, but there are a few items to make note of:

1. This is an automated system. It is activated by a human response, so when you say hello, it starts the message. If you don't hear the message right away, it may be waiting for a voicemail, so please wait a few moments for it to begin before hanging up. If the message is not delivered, the system will continue calling until the message is successfully delivered.
2. If you have caller ID, it will register as "Public Safety" or may only show the phone number "664-4254."

As usual, the test will take place at 10:00 a.m. If you have any questions or concerns, please contact Jessica Aguirre at 415-5185.

## Pass It On!

**When you finish reading this newsletter, help spread the word by leaving it where someone else will have the chance to read it! Not only will you be recycling, you'll be sharing vital preparedness information with the community and encouraging people to join you as part of the Medical Reserve Corps of North Idaho.**

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# Medical Reserve Corps

## Quarterly Training Schedule

### January

01/22 - 01/23

#### ICS 200: ICS for Single Resource & Initial Action Incidents

@ Hayden  
Panhandle Health District  
Rooms 251 & 253  
8:00 a.m. - 5:00 p.m. Daily

**ICS 200:** ICS 200 is designed to enable personnel to operate efficiently during an incident or event within the Incident Command System (ICS). This course focuses on the management of single resources. Prerequisite: ICS 100

### February

02/07

#### Personal Protective Equipment Training

@ Hayden  
Panhandle Health District  
Rooms 251 & 253  
6:00 - 8:00 p.m.

**Personal Protective Equipment:** This class is designed to familiarize volunteers with personal protective gear that may be needed in an emergency.

02/19, 02/20 & 02/21

#### ICS 300: Intermediate ICS for Expanding Incidents

@ Hayden  
Panhandle Health District  
Rooms 251 & 253  
9:00 a.m. - 4:00 p.m. Daily

**ICS 300:** This class provides training for individuals who may assume a supervisory role in expanding incidents or type 3 incidents and provides resources for personnel who require advanced application of the ICS. Prerequisite: ICS 100 & 200

02/28

#### MRC Orientation for Kootenai County

@ Hayden  
Panhandle Health District  
Rooms 251 & 253  
11:30 a.m. - 1:00 p.m.

**MRC Orientation:** Join us for a presentation that will answer all of your questions about the Medical Reserve Corps and what your role is. We will also be discussing personal and family preparedness.

**Psychological First Aid:** The purpose of this course is to prepare volunteers and staff to provide basic care, comfort and support to people who are experiencing disaster-related stress.

For more  
information on  
**NIMS & ICS** trainings,  
or to take them online, visit  
[www.fema.gov](http://www.fema.gov)

### March

03/19 - 03/20

#### ICS 400: Advanced ICS for Command & General Staff

@ Hayden  
Panhandle Health District  
Rooms 251 & 253  
8:00 a.m. - 5:00 p.m. Daily

**ICS 400:** The target audience for this course is senior personnel who are expected to perform in a management capacity in an area command or multi-agency coordination entity. Prerequisites: ICS 100 & 200 & 300

03/27

#### MRC Orientation for Shoshone County

@ Kellogg  
Panhandle Health District  
Conference Room  
11:30 a.m. - 1:00 p.m.

### April

04/17

#### MRC Orientation for Benewah County

@ St. Maries  
Federal Building  
Conference Room  
11:30 a.m. - 1:00 p.m.

04/26

#### Psychological First Aid Bonner County

@ Sandpoint  
Panhandle Health District  
Conference Room  
9:00 a.m. - 1:00 p.m.

To register for any of the offered trainings or for more information, please contact

**Jessica Aguirre at 208-415-5185 or [jaguirre@phd1.idaho.gov](mailto:jaguirre@phd1.idaho.gov)**

Remember to always fax a copy of any training certificates you receive to the MRC office at 208-415-5181

# Knowledge is Power

It is the goal of the MRC to ensure that volunteers and members of the community are as prepared as possible in the event of an emergency. To aid in this, we will be dedicating a section of each newsletter to providing further education about a possible public health threat.....

## *Methicillin-Resistant Staphylococcus Aureus (MRSA)*

Methicillin-resistant *Staphylococcus aureus* (MRSA) is a type of bacteria that is resistant to certain antibiotics. These antibiotics include methicillin and other more common antibiotics such as oxacillin, penicillin and amoxicillin. Staph infections, including MRSA, occur most frequently among persons in hospitals and healthcare facilities (such as nursing homes and dialysis centers) who have weakened immune systems. MRSA infections that occur in otherwise healthy people who have not been recently (within the past year) hospitalized or had a medical procedure (such as dialysis, surgery, catheters) are known as community-associated (CA)-MRSA infections. These infections are usually skin infections, such as abscesses, boils, and other pus-filled lesions. Here are some answers to commonly asked questions:

**What is MRSA (methicillin-resistant *Staphylococcus aureus*)?** Some staph bacteria are resistant to antibiotics. MRSA is a type of staph that is resistant to antibiotics called beta-lactams. Beta-lactam antibiotics include methicillin and other more common antibiotics such as oxacillin, penicillin and amoxicillin. While 25% to 30% of the population is colonized with staph, approximately 1% is colonized with MRSA.



**What is community-associated MRSA (CA-MRSA)?** Staph and MRSA can also cause illness in persons outside of hospitals and healthcare facilities. MRSA infections that are acquired by persons who **have not** been recently (within the past year) hospitalized or had a medical procedure (such as dialysis, surgery, catheters) are known as CA-MRSA infections. Staph or MRSA infections in the community are usually manifested as skin infections, such as pimples and boils, and occur in otherwise healthy people.

**How common are staph and MRSA infections?** Staph bacteria are one of the most common causes of skin infection in the United States and are a common cause of pneumonia, surgical wound infections, and bloodstream infections. The majority of MRSA infections occur among patients in hospitals or other healthcare settings; however, it is becoming more common in the community setting. Data from a prospective study in 2003, suggests that 12% of clinical MRSA infections are community-associated, but this varies by geographic region and population.

**What does a staph or MRSA infection look like?** Staph bacteria, including MRSA, can cause skin infections that may look like a pimple or boil and can be red, swollen, painful, or have pus or other drainage. More serious infections may cause pneumonia, bloodstream infections, or surgical wound infections.

**Are staph and MRSA infections treatable?** Yes. Most staph and MRSA infections are treatable with antibiotics. If you are given an antibiotic, take all of the doses, even if the infection is getting better, unless your doctor tells you to stop taking it. Do not share antibiotics with other people or save unfinished antibiotics to use at another time. However, many staph skin infections may be treated by draining the abscess or boil and may not require antibiotics. Drainage of skin boils or abscesses should only be done by a healthcare provider. If after visiting your healthcare provider the infection is not getting better after a few days, contact them again. If other people you know or live with get the same infection tell them to go to their healthcare provider.

**If I have a staph, or MRSA skin infection, what can I do to prevent others from getting infected?** You can prevent spreading staph or MRSA skin infections to others by following these steps:

- **Cover your wound.** Keep wounds that are draining or have pus covered with clean, dry bandages. Follow your healthcare provider's instructions on proper care of the wound. Pus from infected wounds can contain staph and MRSA, so keeping the infection covered will help prevent the spread to others. Bandages or tape can be discarded with the regular trash.
- **Clean your hands.** You, your family, and others in close contact should wash their hands frequently with soap and warm water or use an alcohol-based hand sanitizer, especially after changing the bandage or touching the infected wound.
- **Do not share personal items.** Avoid sharing personal items such as towels, washcloths, razors, clothing, or uniforms that may have had contact with the infected wound or bandage. Wash sheets, towels, and clothes that become soiled with water and laundry detergent. Drying clothes in a hot dryer, rather than air-drying, also helps kill bacteria in clothes.
- **Talk to your doctor.** Tell any healthcare providers who treat you that you have or had a staph or MRSA skin infection.

For more information on how to prevent MRSA, please visit: [http://www.cdc.gov/ncidod/dhqp/ar\\_mrsa\\_prevention.html](http://www.cdc.gov/ncidod/dhqp/ar_mrsa_prevention.html)

## 'Tis The Season..... For Winter Storms

*Reprinted from 'Disaster Preparedness Handbook', prepared jointly by the Washington Military Department Emergency Management Division & the Washington State Department*

Winter storms can range from moderate snow over a few hours to blizzard conditions with blinding, wind-driven snow or freezing rain that can last several days. The time to prepare is before the snow falls and ice forms.

During a winter storm:

- Wear several layers of light clothing instead of one layer of heavy clothing. Wear mittens rather than gloves. Wear a warm, woolen cap.
- Do not drive unnecessarily.
- Reduce the temperature in your home to conserve fuel.
- Heat only the areas of the home that you are using. Close doors and curtains and cover windows and doors with blankets.
- Use alternative heat methods safely. NEVER use a gas or charcoal grill, hibachi or portable propane heater to cook indoors or heat your home.
- Be careful when shoveling snow. Do not overexert yourself.
- Be sure to eat regularly. Food provides calories that maintain body heat.
- Watch for signs of frostbite and hypothermia—slurred speech, disorientation, uncontrollable shivering, stumbling, drowsiness and body temperature of 95 degrees Fahrenheit or less.

- If you become trapped outside, get out of the wind and stay dry. Build a lean-to or snow cave if nothing else is available. Do not eat snow; it will make you too cold.

**If in your vehicle:**

- Make sure someone knows where you are going. Stay on the main roads.
- If you must stop, remain inside the vehicle. Use a bright distress flag or your hazard lights to draw attention to your vehicle.
- If trapped in a blizzard, clear your tail pipe and run your engine and heater for 10 minutes every hour. Open your window slightly.
- During night hours, keep the dome light on in the car so rescue crews can see your vehicle.
- Keep an emergency kit in your vehicle. Include a three-day supply of water and non-perishable food that can be eaten without being cooked. Include a blanket or sleeping bag for each passenger, a flashlight, cell phone, shovel, sack of sand or kitty litter, booster cables, flare and coffee can with lid and toilet paper.

**"Good luck happens when preparedness meets opportunity."**



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